

AUG 02 2006

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**SCULLY, SCOTT, MURPHY
& PRESSER**

Fax

To: Examiner Charles H. Sam
Art Unit: 3731

From: Thomas Spinelli, Esq.
Registration No.: 39,533

Fax: (571) 273-8300

Pages: 12

Phone: (571) 272-4703

Date: August 2, 2006

Re: USSN: 10/084,557
Our Docket: 15226

CC:

RESPONSE TO 3-MONTH OFFICE ACTION

The following is being filed with the U.S. Patent and Trademark Office via facsimile on August 2, 2006:

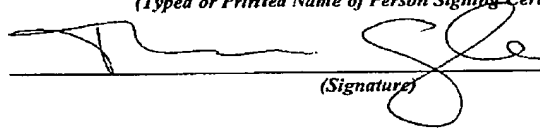
1. Response W/Transmittal in Duplicate
2. Certificate of Facsimile

Applicant: Minoru Tsuruta
Serial No.: 10/084,557
For: MEDICAL RETRIEVAL INSTRUMENT
Filed: February 26, 2002
Docket: 15226
Dated: August 2, 2006
TS:cm

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|---|----------------------------------|----------------------------|------------------------|--|
| CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8) Applicant(s): Minoru Tsuruta | | | Docket No. 15226 | |
| Application No. 10/084,557 | Filing Date February 26, 2002 | Examiner Charles H. Sam | Group Art Unit 3731 | |
| Invention: MEDICAL RETRIEVAL INSTRUMENT | | | | |
| Confirmation No.: 7971 | | | | |
| <p>I hereby certify that this <u>RESPONSE TO 3-MONTH OFFICE ACTION</u> (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>) on <u>August 2, 2006</u> (Date)</p> <p style="text-align: right;"><u>Thomas Spinelli</u> (Typed or Printed Name of Person Signing Certificate)  (Signature)</p> | | | | |
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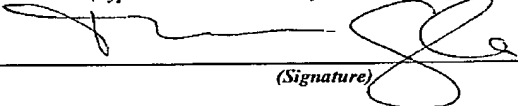
P18/REV02

AUG 02 2006

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|---|---|-----------------------------------|--|-------------------------------|---------------------------------|--|
| AMENDMENT TRANSMITTAL LETTER (Large Entity) | | | | | Docket No. 15226 | |
| Applicant(s): Minoru Tsuruta | | | | | | |
| Application No. 10/084,557 | Filing Date February 26, 2002 | Examiner Charles H. Sam | Customer No. 23389 | Group Art Unit 3731 | Confirmation No. 7971 | |
| Invention: MEDICAL RETRIEVAL INSTRUMENT | | | | | | |
| <u>COMMISSIONER FOR PATENTS:</u> | | | | | | |
| Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. | | | | | | |
| CLAIMS AS AMENDED | | | | | | |
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE | |
| TOTAL CLAIMS | 6 - | 26 = | 0 | x \$50.00 | \$0.00 | |
| INDEP. CLAIMS | 4 - | 6 = | 0 | x \$200.00 | \$0.00 | |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | \$0.00 | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0.00 | |
| <div style="display: flex; flex-direction: row;"><div style="flex: 1;"><p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p><p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</p><p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p><p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP</p><p style="margin-left: 20px;"><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p><p style="margin-left: 20px;"><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p><p><input type="checkbox"/> Payment by credit card. Form PTO-2038.</p></div><div style="flex: 1; padding-left: 20px;"><p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p></div></div> | | | | | | |
| <div style="display: flex; align-items: center;"><div style="border: 1px solid black; padding: 5px; width: 100%;">Thomas Spinelli Registration No.: 39,533</div></div> | | | <p>Dated: August 2, 2006</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</p><p style="text-align: center;">(Date)</p><p style="text-align: center;">_____ Signature of Person Mailing Correspondence</p><p style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</p></div> | | | |
| CC: | | | | | | |

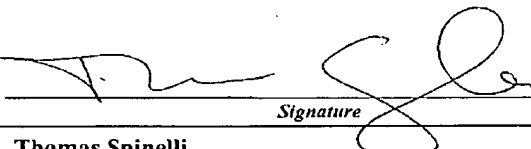
P11LARGE/REV09

AUG 02 2006

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| Invention: MEDICAL RETRIEVAL INSTRUMENT | | | | |
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| TOTAL CLAIMS | 6 - | 26 = | 0 | x \$50.00 | \$0.00 | |
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| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | \$0.00 | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0.00 | |
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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|-------------------|---------------------------------|------------------|----------------|
| Applicant: | Minoru Tsuruta | Examiner: | Charles H. Sam |
| Serial No: | 10/084,557 | Art Unit: | 3731 |
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| Conf. No.: | 7971 | | |

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE

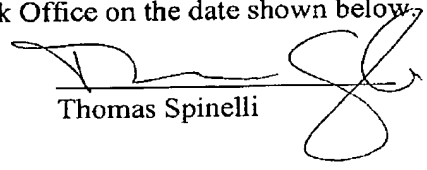
Sir:

In response to the Office Action dated May 4, 2006, the Applicant respectfully requests reconsideration of the above-identified application in light of the following amendments and remarks:

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to facsimile number 571-273-8300 at the U.S. Patent and Trademark Office on the date shown below.

Dated: August 2, 2006


Thomas Spinelli

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